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JUN 16 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 3, 2004.


Signature

Appl No. : 09/383,114 Confirmation No. 6120
Applicant : John A. Arcadi (Deceased)
Filed : August 25, 1999
Title : COMPOSITION AND METHOD FOR TREATING CARCINOMA

TC/A.U. : 1614
Examiner : Rebecca Cook

Docket No. : 35687/RWJ/H29
Customer No. : 23363

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
June 3, 2004

Commissioner:

In response to the Office action of 03/05/2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



JUN 16 2004

TECH CENTER 1600

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Signature

Applicant : John A. Arcadi (Deceased)
Application No. : 09/383,114
Filed : August 25, 1999
Title : COMPOSITION AND METHOD FOR TREATING CARCINOMA

Grp./Div. : 1614
Examiner : Rebecca Cook

Docket No. : 35687/RWJ/H29

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
June 3, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	30 + 18	*30 + 18	0	0 x \$9.00	x \$18.00	0
Independent Claims	11	** 11	0	0 x \$43.00	x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 2, 9, 14, 17, 20, 25, 27, 28, 29, 30						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

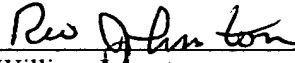
Other enclosures:

Amendment Transmittal Letter
Application No. 09/383,114

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
R. William Johnston
Reg. No. 17,968
626/795-9900

RWJ/df